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UNCLAS SECTION 01 OF 03 PRETORIA 001175

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SENSITIVE

STATE FOR S/OFFICE OF GLOBAL AIDS COORDINATOR,
PMAMACOS
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU APETERSON
HHS/PHS FOR OFFICE OF GLOBAL HEALTH AFFAIRS WSTEIGER

E.O. 12948: N/A
TAGS: KHIV EAID TBIO PREL SF
SUBJECT: LOVELIFE AND GLOBAL FUND

REF: STATE 45041

11. (U) SUMMARY: The loveLife Global Fund grant in South Africa is approaching its renewal. In response to Reftel, Embassy Pretoria is providing information about the loveLife project and about the Country Coordinating Mechanism in South Africa. END SUMMARY.

12. (U) Reftel requests information about the loveLife Global Fund grant supporting HIV/AIDS prevention activities aimed at 12-17 year olds. The loveLife goals are to address high-risk behavior among young people by promoting hope and living positively. Program components include radio, TV, print, and billboards; 6,000 trained volunteers; a telephone helpline; 16 youth centers; 260 youth-friendly clinics; support to 50 non-governmental organizations; and school programs.

Grant number, Phase 1 & 2 Amounts

13. (U) A Global Fund Grant of \$70,354,000 (SAF-102-G02-C-00) was awarded to loveLife effective August 12003. A total of \$12,000,000 was approved for the first two years, which has been fully disbursed. loveLife is currently applying for Phase 2 Grant Renewal. April 1, 2005 is the date for the 20 month Phase 2 evaluation.

Overall Comments and Recommendation

14. (SBU) Post recommends that the loveLife grant be continued. In light of loveLife's failure to meet some significant targets, the renewal should be for one year, with close monitoring of loveLife's program and further funding contingent upon (a) independent evaluation of program effectiveness and (b) loveLife meeting program targets.

Technical Considerations

15. (U) The fifth quarter loveLife report (August October 2004) indicates that the grant is meeting some of its goals and not others. Of concern are three important targets that are not being met:

Indicator Target (to Oct 04)Results

Numbers of young 120,000 61,049
people participating
in "chillroom" programs

Average number of 135,200 82,212
clinical services
accessed by young
people (10 19)

Number of young people 168,000 71,024
completing loveLifestyle
programs (clinics and franchises)

16. (U) It is important to note that the targets indicated here were recently revised as agreed upon by loveLife and Global Fund staff in January 2005.

17. (U) Other targets are being met. For example, the number of schools implementing loveLifestyle programs

from August 04 October 04 is reported to be 534, with a target of 400.

18. (U) loveLife reports that its program activities have been severely constrained by delayed cash flow and losses in the dollar-to-rand exchange rate. These are legitimate concerns that many USG agencies face in South Africa. After two years, some of the delays have been worked out for smoother movement of funding requests from the South African Department of Treasury, through the Department of Health, back to Treasury, and finally to the Local Fund Agent (KPMG). According to loveLife representatives, there are 34 steps between submission of a disbursement request and the transfer of funds to the principal recipient. Moving from a quarterly to a six-month reporting period should help lessen delays.

19. (U) loveLife reports that they are pleased with their progress despite funding delays and are ready to move forward, to increase the number of face-to-face services provided and to fill in geographic gaps. They report that their funding is better leveraged today with about one-third from the South Africa Government, one-third from Global Fund, and one-third from other donors.

In-Country Impressions of Grant Performance

10. (U) loveLife is the largest youth-focused intervention aimed at HIV prevention in South Africa. The integration between media and support services is strong, utilizing a network approach with schools at the hub, moving out to clinics, youth centers, and media.

11. (U) There have been concerns expressed about loveLife by agencies and non-governmental organizations working in HIV/AIDS prevention. The concerns routinely revolve around two areas: objective monitoring and evaluation of program activities and financial systems. Some question the effectiveness of the interventions; others believe that the cost per service unit is high. Additional independent evaluation of loveLife activities could address some of these concerns. There have also been recommendations that loveLife should strengthen its financial accounting systems to delineate clearly between various funding sources (i.e., Kaiser, Global Fund, National Department of Health, and Anglo American Corporation a local private sector funding and program partner).

Degree of Coordination with Other Partners

12. (U) loveLife collaborates with the South African Government and a number of South African NGOs. loveLife is collaborating in with the Western Cape Provincial Government in order to provide services that complement the Western Cape Global Fund award. Post has kept informed of loveLife activities, but loveLife's activities are independent of Post's HIV and AIDS programming.

Political or Other Considerations

13. (U) loveLife has the support of the South Africa Government, receiving funds from the Departments of Social Development, Health, and Sports and Recreation. Despite a tempestuous relationship, the Minister of Health has been an advocate for loveLife programs. LoveLife's Phase Two application has been reviewed and approved by the County Coordinating Mechanism (CCM). The Department of Treasury has worked consistently with loveLife to facilitate the movement of funds.

14. (SBU) The Department of Health and the CCM have been barriers to loveLife's success. The DOH has struggled to move the reports and funds smoothly through the system, although loveLife has reported improvement in this area. The CCM could provide additional support to loveLife and other Global Fund recipients and additional leadership and coordination of Global Fund activities.

Embassy Point of Contact

15. (U) Embassy point of contact for Global Fund questions is Gray Handley, Health Attaché. Mary Wettrich, Deputy Director, Centers for Disease Control and Prevention/South Africa responds to regular requests from HHS for information on Global Fund activities.

Country Coordinating Mechanism

¶16. (U) Reftel also requests information concerning the CCM. The South African National AIDS Council (SANAC) was established in January 2001 as a multi-sectoral body including 16 South African government ministries and 16 civil society representatives, chaired by the Deputy President. Its mandate is expressed in 11 objectives - with the main objective being to "advise government on HIV and AIDS and STD policy and related matters." Other important objectives relate to coordination, guidance, resource mobilization, and monitoring.

¶17. (U) Despite its broad mandate, SANAC's role in providing guidance and coordination on HIV and AIDS issues in South Africa has been limited. In practice, the National Department of Health and the Minister of Health dominate most aspects of HIV and AIDS programming, with other key Ministries operating their programs with considerable independence. SANAC holds infrequent meetings that are often not attended by all members and are reportedly not always productive. SANAC has not been able to provide oversight on important issues, such as monitoring and evaluation of HIV and AIDS programs.

¶18. (U) SANAC has been criticized recently in the South African Press for the failure to spend funds designated for its activities through the National AIDS Trust. Parliament has questioned the Deputy President about SANAC, and opposition MPs claim that SANAC is never heard from and never seen, and its actions are wholly inadequate.

¶19. (U) Post appreciates the opportunity to contribute to the review of Global Fund awards. Post communicates often and effectively with Fund officials and grant recipients keeping a close watch on all Fund activities in South Africa. There is very little interaction with the CCM, another reflection of its inaccessibility and the lack of transparency with which it is managed. Post would welcome any additional questions and will strive to keep Department informed as Fund activities further develop in South Africa.

FRAZER